

BEFORE THE BOARD OF MEDICAL EXAMINERS
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the matter of the proposed amendment)	NOTICE OF PUBLIC HEARING
of ARM 24.156.2701 definitions, 24.156.2705)	ON PROPOSED AMENDMENT
unprofessional conduct, 24.156.2713 EMT)	
license application, 24.156.2715 equivalent)	
education, 24.156.2717 EMT license renewal,)	
24.156.2731 fees, 24.156.2741 EMT training)	
program/course application and approval,)	
24.156.2745 examinations, 24.156.2751 EMT)	
levels of licensure, 24.156.2754 EMT course)	
requirements, 24.156.2757 EMT clinical)	
requirements, 24.156.2761 revision of)	
curriculum and statewide protocols, and)	
24.156.2771 scope of practice)	

TO: All Concerned Persons

1. On August 30, 2007, at 11:00 a.m., a public hearing will be held in room 439, 301 South Park Avenue, Helena, Montana to consider the proposed amendment of the above-stated rules.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Medical Examiners (board) no later than 5:00 p.m., on August 24, 2007, to advise us of the nature of the accommodation that you need. Please contact Jeannie Worsch, Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2360; Montana Relay 1-800-253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; e-mail dlibsmed@mt.gov.

3. GENERAL STATEMENT OF REASONABLE NECESSITY: As part of the periodic review of its Emergency Medical Technician (EMT) rules, the board is proposing a substantial number of revisions to these rules. The board has determined it is reasonable and necessary to amend the rules throughout to replace out-of-date language for current terminology, delete unnecessary and redundant language, and achieve consistent use of industry terminology within the rules. The board is also amending the rules to comply with ARM punctuation and formatting requirements. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule.

The board is also amending the rules throughout to clarify that required EMT training consists of two areas including board-approved USDOT National Standard Curriculum with revisions and also statewide protocols, policies, and procedures. The rules are being amended for consistency in terminology usage and to specify

that both training components are applicable to EMT practice in Montana. The board is changing the term "service medical director" to "medical director" throughout to agree with a previous amendment of the term in MAR Notice No. 24-156-67.

4. The rules proposed to be amended provide as follows, stricken matter interlined, new matter underlined:

24.156.2701 DEFINITIONS For purposes of the rules set forth in this subchapter, the following definitions apply:

(1) through (4) remain the same.

(5) "Board" means the Board of Medical Examiners, ~~Department of Labor and Industry~~.

(6) "Clinical experience" means supervised instruction, observation, and practice in a patient care setting.

(7) "Clinical preceptor" means an individual trained to a level greater than the student, who is responsible for supervising and teaching the student in a clinical setting under the supervision of the ~~service~~ medical director or lead instructor in the case of an EMT-basic course.

(8) "Curriculum" means the combination of instructor lesson plans, course guides, and student study guides prepared by the United States Department of Transportation (USDOT) and commonly known as the ~~"1999 curriculum"~~ "National Standard Curriculum" (NCS).

(9) "Emergency medical service" or "EMS" means ~~prehospital~~ out of hospital care and transportation furnished by a combination of persons licensed by the board and resources that are licensed by the Department of Public Health and Human Services pursuant to Title 50, chapter 6, MCA.

(10) "Emergency medical technician" or "EMT" means any ~~prehospital~~ out of hospital emergency care personnel licensed by the board.

(11) "Emergency medical technician - basic" or "EMT-B" means an individual who ~~has successfully completed an approved EMT-B course and~~ is licensed by the board as an EMT-B.

(12) "Emergency medical technician - first responder" or "EMT-F" means an individual who ~~has successfully completed an approved EMT-F course and~~ is licensed by the board as an EMT-F.

(13) "Emergency medical technician - intermediate" or "EMT-I" means an individual who ~~has successfully completed an approved EMT-I course and~~ is licensed by the board as an EMT-I.

(14) "Emergency medical technician - paramedic" or "EMT-P" means an individual who ~~has successfully completed an approved EMT-paramedic course and~~ is licensed by the board as an EMT-P.

(15) "Lead instructor" means a person who is licensed by the board and authorized to offer and conduct EMT courses. The lead instructor is under the supervision of the ~~service~~ medical director.

(16) through (18) remain the same.

(19) "On-line medical direction" means real-time interactive medical direction, advice, or orders to EMTs from an unrestricted Montana licensed physician or physician assistant who is supervised by the medical director providing patient care.

~~(20) "On-line medical director" is the individual who provides on-line medical direction and who is supervised by the service medical director.~~

(21) remains the same but is renumbered (20).

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board determined it is reasonable and necessary to amend this rule and update definitions for clarification and to align with national changes and trends. Although observation in patient care settings has always been a part of the EMT clinical experience, the board is amending the definition to address confusion. The board is amending the definition of "clinical preceptor" to clarify that either the lead instructor or medical director can supervise preceptors, since EMT-basic courses may not have a medical director. It is necessary to correct the name of the USDOT's curriculum and change the term "prehospital" to "out of hospital" to conform to national changes. The board is amending the four EMT licensure definitions to clarify that a person must be licensed before qualifying as an EMT and correct any misunderstanding that simply completing an EMT course qualifies an individual as an EMT. The board is deleting the definition of "on-line medical director" and amending the "on-line medical direction" definition to clarify that the medical director is the person responsible for medical oversight. The board concluded that having separate definitions created confusion on overall responsibility and combining the two definitions makes the issue of medical oversight very clear.

24.156.2705 UNPROFESSIONAL CONDUCT (1) and (1)(a) remain the same.

(b) conduct likely to deceive, defraud, or harm the public, including but not limited to practicing while subject to a physical or mental condition which renders the licensee unable to safely engage in activities required of a licensee under this subchapter;

(c) acting in such a manner as to present a danger to public health or safety, or to any patient including, but not limited to, incompetence, negligence, or malpractice;

(d) remains the same.

(e) use of a false, fraudulent, or deceptive statement, whether written or verbal, in connection with the activities required of a licensee under this subchapter;

(f) remains the same.

(g) having voluntarily relinquished or surrendered a professional or occupational license, certificate, or registration in this state, or in another state or jurisdiction;

(h) having withdrawn an application for licensure, certification, or registration, while under investigation or prior to a determination of the completed application in this state, or in another state or jurisdiction;

- (i) remains the same.
- (j) failure to practice within adopted statewide and/or local protocols, policies, and procedures established and approved by the board and ~~service~~ medical director;
- (k) remains the same.
- (l) willful disobedience of the provisions of Title 37, chapter 1, MCA, any rule adopted by the board, or any order of the board regarding enforcement of discipline of a licensee;
- (m) habitual intemperance or excessive use of an addictive drug, alcohol, or any other substance to the extent that the use impairs the user physically or mentally; this provision does not apply to a licensee who is in compliance with an approved therapeutic regimen as described in 37-3-203, MCA;
- (n) through (r) remain the same.
- (s) commission of any act of sexual abuse, misconduct, or exploitation by the licensee whether or not related to the practice;
- (t) and (u) remain the same.
- (v) falsifying and altering patient records or trip reports, intentionally documenting patient records or trip reports incorrectly, failing to document patient records, or prepare trip reports;
- (w) remains the same.
- (x) failing, as a clinical preceptor or lead instructor, to supervise, manage, or train students practicing under the licensee's supervision, according to:
 - (i) scope of practice, ;
 - (ii) generally accepted standards of patient care, ;
 - (iii) board-approved USDOT curriculum, including revisions; and
 - (iv) ~~board-approved~~ statewide protocols, policies, and procedures. ;
- (y) willfully harassing, abusing, or intimidating a patient, either physically or verbally;
- (z) remains the same.
- (aa) failing to comply with any agreement the licensee has entered into with a program established by the board under 37-3-203(4), MCA; and
- (ab) remains the same.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: It is reasonably necessary to amend this rule to delete the unnecessary phrase "board-approved" because statewide protocols are already defined in rule as board-approved. The board is also deleting an internal reference to a specific MCA section to comply with ARM formatting rules and reduce the incorrect references in rule that must be changed following amendment of the referenced statute.

24.156.2713 EMT LICENSE APPLICATION (1) remains the same.

(2) Incomplete applications will be returned. The applicant may correct any deficiencies, complete any requirements necessary for licensure, and resubmit the application to the board office. Failure to resubmit the deficient application within

one year from the date of the original submission will be treated as a voluntary withdrawal of the application and all fees will be forfeited.

(3) through (5) remain the same.

AUTH: 50-6-203, MCA

IMP: 37-1-104, 37-1-131, 37-3-203, 50-6-203, MCA

24.156.2715 OUT-OF-STATE EMT APPLICANT EQUIVALENT

EDUCATION (1) ~~Out-of-state applicants who qualify under substantially equivalent education and examination requirements as set forth in this chapter and who possess a currently active EMT license or certification to practice in good standing in another state, may apply for an EMT license by reciprocity, at the same or lesser level, without examination.~~ In order for the board to recommend to the NREMT successful course completion, the course for an individual must have been either:

(a) an EMT educational program reviewed and approved by the board; or

(b) determined to be "substantially equivalent" as defined by the board. The individual requesting review of their educational program must possess a currently active EMT license or certification to practice in good standing in another state.

~~(2) A qualified out-of-state licensed applicant requesting EMT licensure in Montana shall complete a reciprocity application on a form prescribed by the board and submit the application with the required supporting documentation and appropriate fees to the board.~~

~~(3) Out-of-state applicants licensed in other states shall cause all states and jurisdictions in which the applicant holds or has ever held a license to submit verification of licensure directly to the board on behalf of the applicant.~~

~~(4) Out-of-state applicants shall obtain a NPDB self-query and submit the self-query with the application to the board.~~

~~(5) If the applicant has possessed a professional or occupational license in another healthcare field, the applicant shall disclose the information to the board in the application for licensure.~~

~~(6)~~(2) For the purposes of 37-1-304, MCA, the board defines "substantially equivalent" as approved training in accordance with board-approved USDOT curriculum standards, including revisions and statewide protocols, policies, and procedures, and passage of the NREMT written and practical examination or, in the opinion of the board, completed training, experience, and passage of an examination equivalent to current board standards. Work experience obtained in the profession will not be considered as the sole basis of the applicant's qualifications.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 37-1-304, 37-3-203, 50-6-203, MCA

REASON: The board determined it is reasonable and necessary to amend this rule to clarify the board's licensure process for out-of-state applicants. Out-of-state applicants have always been required to have National Registry of Emergency Medical Technicians (NREMT) certification for Montana licensure. When EMT licensure was transferred to the board, sample rule language from another board was used as a template, even though a reciprocity process was never in place nor

used. The amendment clarifies that the board will review courses submitted by out-of-state applicants not having NREMT and if determined substantially equivalent to board-approved USDOT curriculum standards and statewide protocols, policies, and procedures, will notify NREMT of course completion and allow administration of examinations.

24.156.2717 EMT LICENSE RENEWAL (1) through (4) remain the same.

~~(5) The board will not renew first responder or first responder ambulance licenses on or after December 31, 2006. Renewal licenses issued after that date will be issued as EMT-F licenses.~~

(6) and (7) remain the same but are renumbered (5) and (6).

AUTH: 37-1-141, 50-6-203, MCA

IMP: 37-1-131, 37-1-141, 37-1-306, 50-6-203, MCA

REASON: It is reasonably necessary to amend this rule to delete (5) as no longer necessary. First responder or first responder ambulance license renewals are no longer issued as they have been replaced by the EMT-F license.

24.156.2731 FEES (1) through (1)(d) remain the same.

(e) license endorsement application fee

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(f) through (3) remain the same.

AUTH: 37-1-134, 37-1-141, 50-6-203, MCA

IMP: 37-1-134, 37-1-141, 50-6-203, MCA

REASON: It is reasonably necessary to amend this rule to clarify for applicants that the endorsement fee is an application fee and not a license fee. The fee amount is not changing and the amendment results in no fiscal impact.

24.156.2741 EMT TRAINING PROGRAM/COURSE APPLICATION AND APPROVAL (1) An individual, corporation, partnership, or any other organization may not initiate or conduct any initial ~~and/or refresher~~ courses for EMT instruction without prior approval of the board or its designee.

(2) Program or course approval applications must be submitted on a form prescribed by the board with appropriate fees. The application must designate a ~~the service~~ medical director and lead instructor.

(3) Completed applications will be reviewed for compliance with board statutes, rules, board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures. The board or its designee may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

(4) Incomplete applications will be returned. The ~~service~~ medical director and/or lead instructor may correct any deficiencies, complete any requirements necessary for course approval at the level applied for, and resubmit the application to the board. Failure to resubmit the application within one year will be treated as a voluntary withdrawal of the application and all fees will be forfeited.

(5) The ~~service~~ medical director and/or lead instructor may voluntarily withdraw the course approval application prior to the one-year deadline provided in (4), by writing to the board. All fees submitted will be forfeited.

(6) remains the same.

(7) The board or its designee shall approve EMT training courses that comply with current board-approved USDOT curriculum, including revisions, ~~board-approved~~ and statewide protocols, policies, and procedures.

(a) and (b) remain the same.

(8) The board shall not approve an EMT training course which does not comply with current board-approved USDOT curriculum, including revisions, ~~board-approved~~ and statewide protocols, policies, and procedures.

(a) remains the same.

(b) The board may cancel approval of training courses for failure to comply with any of the requirements of this ~~chapter~~ subchapter, providing false information, or failure to provide the board or its designee access to the course and/or other information necessary to assure compliance with board statutes and rules.

(9) In the event the board's designee disapproves an EMT training course, the application will be considered by the board during the next regularly scheduled board meeting or the lead instructor and/or ~~service~~ medical director may request in writing an alternate regularly scheduled board meeting.

(10) A lead instructor may conduct required EMT refresher courses without preapproval from the board. The lead instructor must maintain all course records, demonstrating that NSC had been utilized and student performance is documented. All course records shall be made available for auditing purposes.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board determined it is reasonable and necessary to amend this rule and delete the requirement for board approval of refresher courses. The board has determined that prior approval of refresher courses delays the process without ensuring a quality program, thus the board will instead audit refresher courses for quality and consistency. The board is deleting the unnecessary phrase "board-approved" because statewide protocols are already defined in rule as board-approved. The reference to chapter is being amended to subchapter to correctly identify the location of material applicable to EMTs. This rule is also being amended to clarify that the lead instructor is responsible for conducting refresher programs and must maintain course records for audit purposes.

24.156.2745 EXAMINATIONS (1) ~~Effective January 1, 2004, All practical examinations for all EMT licensure levels and endorsements conducted on behalf of the board~~ must be conducted in accordance with the policies and procedures established by the board.

(2) ~~An EMS A~~ A medical director shall be responsible for the conduct of all locally administered examinations and shall assure that all board policies and procedures are followed. ~~EMS medical~~ Medical directors may delegate duties where appropriate, ~~except in the case of first responder and basic EMT levels. The EMS~~

medical director may not delegate the administration of the NREMT written examination for the EMT-F or EMT-B levels.

(3) ~~Examination~~ Practical examination materials must be requested from the board by the ~~EMS medical director~~ on forms prescribed by the board no later than 30 days prior to offering an examination. Examination materials will be sent to the ~~medical director~~ requestor from the board office within seven working days prior to the scheduled examination date of the request. ~~EMS medical directors~~ The post examination materials shall be returned ~~return the completed examination material within seven working days after following the examination has been given.~~

~~(4) When conducting NREMT EMT-I and EMT-P examinations, the board shall designate the national registry representative. The EMS medical director shall request a NREMT representative on a form prescribed by the board not less than 90 days prior to the EMT-I or EMT-P examinations.~~

(4) The board or its designee may attend and audit all exams requested and offered.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board determined that reasonable necessity exists to amend this rule to comply with current National Registry of Emergency Medical Technicians (NREMT) examination processes. The NREMT has upgraded to computer based testing and this rule is being amended to align board rules with the changed processes. The board is also amending this rule to allow for board auditing of the NREMT examinations for consistency and fairness.

24.156.2751 LEVELS OF EMT LICENSURE INCLUDING ENDORSEMENTS

(1) and (1)(a) remain the same.

(i) EMT-F/immobilization ~~(EMT-F 1);~~

(ii) EMT-F/monitoring ~~(EMT-F 2);~~ and

(iii) EMT-F/ambulance ~~(EMT-F 3).~~

(b) remains the same.

(i) EMT-B/airway ~~(EMT-B 1);~~

(ii) EMT-B/monitoring ~~(EMT-B 2);~~

(iii) EMT-B/IV and IO (intervenous infusion and interosseous infusion) initiation ~~(EMT-B 3);~~

(iv) EMT-B/IV and IO maintenance ~~(EMT-B 4);~~

(v) EMT-B/endotracheal intubation, for patients more than eight years old ~~(EMT-B 5);~~ and

(vi) EMT-B/medication ~~(EMT-B 6).~~

(c) remains the same.

(i) EMT-I/needle decompression/surgical airway ~~(EMT-I 1);~~

(ii) EMT-I/immunizations ~~(EMT-I 2);~~

(iii) EMT-I/drips and pumps ~~(EMT-I 3);~~ and

(iv) EMT-I/12 lead transmit ~~(EMT-I 4).~~

(d) remains the same.

(i) EMT-P/12 lead interpretation ~~(EMT-P 1);~~

- (ii) EMT-P/medications (~~EMT-P 2~~);
- (iii) EMT-P/fibrinolytic with 12 lead interpretation (~~EMT-P 3~~); and
- (iv) EMT-P/critical care transport (~~EMT-P 4~~).

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: It is reasonably necessary to amend this rule to clarify the correct EMT licensure labels and avoid confusion. Various entities have started using the abbreviated notations instead of the correct names and this was never the intent of the board.

24.156.2754 INITIAL EMT COURSE REQUIREMENTS (1) All courses for EMT licensure levels and endorsements must be conducted in accordance with the policies and procedures established by the board.

(2) An EMT-F course shall be managed by a lead instructor. The lead instructor shall maintain overall responsibility for the quality, consistency, and management of the course. The lead instructor shall:

(a) conduct the EMT-F courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) through (d) remain the same.

(2)(3) An EMT-B course shall be managed by a lead instructor. The lead instructor shall maintain overall responsibility for the quality, consistency, and management of the course. The lead instructor shall:

(a) conduct the EMT-B courses in accordance with current board-approved USDOT curriculum, including revisions, and statewide protocols, policies, and procedures;

(b) and (c) remain the same.

(d) provide at least one instructor per six students when practical skills are taught; and

(e) provide a minimum of ten hours of clinical experience with an EMS or in a local hospital emergency room, patient care setting; and

(f) have a medical director involved in either the course development, presentation, or evaluation.

(3)(4) An EMT-I or EMT-P course shall be managed by a lead instructor under the supervision of a ~~service~~ medical director. The lead instructor and ~~service~~ medical director shall maintain overall responsibility for the quality, consistency, and management of the course. The lead instructor and medical director shall:

(a) conduct the EMT-I and EMT-P courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) remains the same.

(c) provide clinical experience as specified in the approved curriculum and in accordance with this ~~chapter~~ subchapter; and

(d) and (i) remain the same.

(ii) the EMT-P course, within 24 months from the starting date of course; .

- (e) through (g)(ii) remain the same.
- (iii) ~~an EMS licensed at or above the EMT advanced level~~ operating at a level equal to or greater than the EMT-I level; and
- (h) provide for the EMT-P course clinical facilities that include, but are not limited to:
 - (i) through (ix) remain the same.
 - (x) ~~an EMS licensed at or above the EMT advanced level~~ operating at a level equal to the EMT-P level.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: The board determined it is reasonably necessary to amend this rule to more specifically delineate the role of the medical director in an EMT-basic course in compliance with the National Standard Curriculum. It has previously been assumed that the medical director must teach a portion of the course. The board determined that this is not a necessary requirement in all circumstances and is amending the rule to clarify a medical director's involvement in EMT-basic courses. Amendments also clarify that the medical director and lead instructor are responsible for the EMT-I and EMT-P course and change the term "chapter" to "subchapter" to correctly identify the location of material applicable to EMTs.

The board determined it is reasonably necessary to amend this rule to align the requirements for EMT-I and EMT-P course clinical facilities with current EMS licensure rules. The Department of Public Health and Human Services (DPHHS) previously licensed EMS of specific types and at specific levels. Following a rule change in December of 2005, DPHHS now licenses EMS at advanced life support level only if the EMS can provide such service 24 hours a day, seven days a week. This change limits the availability of clinical experiences for EMT-I and EMT-P courses and the board is amending this rule to allow provision of clinical experiences by services operating at a level equal to the course level.

24.156.2757 EMT CLINICAL REQUIREMENTS (1) Clinical opportunities for students must be coordinated with the course/program and the clinical facility. There must be a written contractual agreement in place between the course/program and the clinical facility prior to the student being allowed to function in the clinical facility.

(2) EMT-B programs must assure that the student completes, as a minimum, of ten hours of observational time with an EMS, or in an emergency room. An alternative patient care setting may be used if an EMS is not readily available. During this time the student shall complete and document:

(a) have at least two five patient contacts during which the student can observe patient care; and

(b) have at least two five patient contacts in which the student conducts a patient assessment.

(2)(3) EMT-I and EMT-P programs must assure that the student completes and documents, as a minimum, the clinical contact requirements identified in the

board-approved USDOT curriculum; including revisions and statewide protocols, policies, and procedures.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: It is reasonably necessary to amend the rule to coordinate the minimum requirements for EMT-Basic patient contact during the clinical portion of the course with the National Standard Curriculum and board protocols, policies, and procedures. The board has always required the advanced life support programs to provide a copy of the contract between the clinical facility and training program, but this requirement was not previously delineated in rule.

24.156.2761 PROCEDURES FOR REVISION OF BOARD-APPROVED EMT CURRICULUM AND STATEWIDE PROTOCOLS (1) ~~At the regularly scheduled January and July board meetings or no less than twice per year, an individual, EMS or any other organization~~ a medical director may initiate a petition for revisions to the board-approved EMT curriculum and/or statewide protocols, policies, and procedures.

(2) remains the same.

(a) a written recommendation and/or position statement for revision to the board-approved curriculum and/or statewide protocols, policies, and procedures; and

(b) through (3)(a) remain the same.

(b) the board will accept public comment to gather information and take testimony regarding the proposed recommendations for revision of the USDOT curriculum and/or statewide protocols, policies, and procedures; and

(c) and (4) remain the same.

(a) when it is demonstrated to the satisfaction of the board that granting the petitioner's request for revision of the board-approved curriculum and/or statewide protocols, policies, and procedures is necessary to provide appropriate standards of medical care;

(b) where, in the case of an individual service approval, the board finds that the public's interest in granting the revision clearly outweighs the interest of maintaining uniform board-approved USDOT curriculum; including revisions and/or statewide protocols, policies, and procedures; and

(c) where, in the opinion of the board, the revisions will provide adequate public health, safety, and welfare protection.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board determined it is reasonable and necessary to amend this rule to require that the medical director request any changes to the board-approved EMT curriculum and/or statewide protocols, policies, and procedures. In the past, the board has received change requests from other individuals without the support of the

applicable medical director. The board concluded that requiring the medical director make the request would save time and better facilitates the revision process.

24.156.2771 SCOPE OF PRACTICE (1) remains the same.

(a) operating within the most current version of the Montana statewide EMT protocols; ~~or~~

(b) and (c) remain the same.

(2) An EMT licensed or endorsed at the ALS level ~~and with the oversight of a medical director~~ may perform any acts allowed within the EMT's licensure level or endorsement level when:

(a) under medical oversight from a medical director who is taking responsibility for the EMT; ~~or~~

(b) operating on a Montana licensed EMS ~~service~~ with a medical director; or

(c) through (4) remain the same.

(5) An EMT currently licensed and in good standing in another state may function during a state and/or federally managed incident under the Montana statewide protocols, policies, and procedures ~~basic life support protocols adopted by the board~~, but shall comply with all of the following:

(a) remains the same.

(b) practice within the geographic area, whether on federal, state, or private land, designated as being within the state and/or federally managed incident;

(c) practice at the basic level, even if the EMT is licensed at a higher level in another state, unless the individual is licensed at an EMT-I or EMT-P level, and the federally managed incident has medical control provided by a Montana licensed physician, and the physician authorizes the individual to function beyond the basic level; and

(d) provide proof of current licensure and good standing in another state; ~~;~~
and

(e) submit the appropriate form to the board.

(6) remains the same.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: It is reasonably necessary to amend the scope of practice for an ALS level EMT operating on a Montana EMS to specify that the EMS must have medical director oversight to adequately ensure protection of the public. Moving the requirement within the rule makes this requirement much clearer for licensees. The rule is also amended to allow out-of-state EMT-I or EMT-P licensees to function at their level of licensure at state and/or federally managed incidents in accordance with board protocols, policies, and procedures. The current rule limits these licensees to basic level practice. The board concluded that allowing the higher level practice under medical control of a Montana licensed physician addresses a critical need at these incidents and still ensures the public's protection.

5. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be

submitted to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or by e-mail to dlibsdmed@mt.gov, and must be received no later than 5:00 p.m., September 7, 2007.

6. An electronic copy of this Notice of Public Hearing is available through the department and board's site on the World Wide Web at www.medicalboard.mt.gov. The department strives to make the electronic copy of this Notice conform to the official version of the Notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the Notice and the electronic version of the Notice, only the official printed text will be considered. In addition, although the department strives to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing or posting to the e-mail address do not excuse late submission of comments.

7. The Board of Medical Examiners maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request which includes the name and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all Board of Medical Examiner's administrative rulemaking proceedings or other administrative proceedings. Such written request may be mailed or delivered to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, faxed to the office at (406) 841-2305, e-mailed to dlibsdmed@mt.gov, or made by completing a request form at any rules hearing held by the agency.

8. The bill sponsor notice requirements of 2-4-302, MCA, do not apply.

9. Anne O'Leary, attorney, has been designated to preside over and conduct this hearing.

BOARD OF MEDICAL EXAMINERS
ARTHUR FINK, D.O., PRESIDENT

/s/ DARCEE L. MOE
Darcee L. Moe
Alternate Rule Reviewer

/s/ KEITH KELLY
Keith Kelly, Commissioner
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State July 30, 2007